



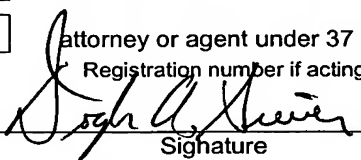
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PF168P3	
Application Number 10/070,532-Conf. #5548		Filed	March 7, 2002
For Human Neuropeptide Receptor			
Art Unit 1647		Examiner C. J. Nichols	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3425. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 47,088
☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

 _____ Signature	_____ September 17, 2004 Date
_____ Doyle A. Siever Typed or printed name	_____ (301) 354-3932 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.



*** Please note request to charge additional fees during the pendency of the application.

IN LIEU OF PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known																														
		Application Number	10/070,532-Conf. #5548																													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 7, 2002																													
		First Named Inventor	Daniel R. Soppet																													
		Examiner Name	C. J. Nichols																													
TOTAL AMOUNT OF PAYMENT (\$)		420.00	Art Unit	1647																												
METHOD OF PAYMENT (check all that apply)		Attorney Docket No.		PF168P3																												
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		FEE CALCULATION (continued)																														
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.		3. ADDITIONAL FEES																														
The Director is authorized to: (check all that apply)																																
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																
<input checked="" type="checkbox"/> *** Charge any additional fee(s) during the pendency of the application																																
FEE CALCULATION																																
1. BASIC FILING FEE																																
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	1002	340	2002	170	1003	530	2003	265	1004	770	2004	385	1005	160	2005	80			
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SUBTOTAL (1) (\$)		0.00																														
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																
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SUBTOTAL (2) (\$)		0.00																														
**or number previously paid, if greater; For Reissues, see above																																
SUBMITTED BY		(Complete if applicable)																														
Name (Print/Type)	Doyle A Siever	Registration No. (Attorney/Agent)	47,088	Telephone	(301) 354-3932																											
Signature		Date	September 17, 2004																													